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ABSTRACT

This study investigated characteristics of secondary school health education, examining 36 state surveys and 10 local surveys conducted among representative samples of school principals and lead health educators. From February-May 1998, most schools in participating states and cities required health education in grades 6-12. Of these, a median of 91 percent of schools in states and 86.2 percent of schools in cities taught separate health education courses. The median percentage of schools in each state and city that tried to increase student knowledge in selected topics was greater than 73 percent for each of several topics (e.g., pregnancy, sexually transmitted diseases, violence, and dietary behaviors). The median percentage of schools with a health educator who coordinated health education was 38.7 across states and 37.6 across cities. A median of 41.8 percent of schools across states and 31.0 percent across cities had a lead health educator with professional preparation in health and physical education. A median of 19.3 percent of schools across states and 2.12 percent across cities had a school health advisory council. The median percentage of schools with a written school or district policy on HIV-infected students or staff was 69.7 percent across states and 84.4 percent across cities. (Contains 14 tables and 11 references.) (SM)

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Surveillance for Characteristics of Health Education Among Secondary Schools — School Health Education Profiles, 1998

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Abortion	NCCDPHP	1999; Vol. 48, No. SS-4
Aging		
Health Risks	NCCDPHP	1999; Vol. 48, No. SS-8
Health-Care Services	NCCDPHP/NIP	1999; Vol. 48, No. SS-8
Health-Related Quality of Life	NCEH/NCCDPHP	1999; Vol. 48, No. SS-8
Injuries and Violence	NCIPC/NCCDPHP	1999; Vol. 48, No. SS-8
Morbidity and Mortality	NCHS/NCCDPHP	1999; Vol. 48, No. SS-8
AIDS/HIV		
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Among Black and Hispanic Children and Women of Childbearing Age	NCEHIC	1990; Vol. 39, No. SS-3
Asthma	NCEH	1998; Vol. 47, No. SS-1
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State- and Sex-Specific Prevalence of Selected Characteristics	NCCDPHP	2000; Vol. 49, No. SS-6
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Contribution of Birth Defects to Infant Mortality Among Minority Groups	NCEHIC	1990; Vol. 39, No. SS-3
Breast and Cervical Cancer	NCCDPHP	1999; Vol. 48, No. SS-6
Cardiovascular Disease	EPO/NCCDPHP	1998; Vol. 47, No. SS-5
Chancroid	NCPS	1992; Vol. 41, No. SS-3
Chlamydia	NCPS	1993; Vol. 42, No. SS-3
Cholera	NCID	1992; Vol. 41, No. SS-1
Chronic Fatigue Syndrome	NCID	1997; Vol. 46, No. SS-2
Contraception Practices	NCCDPHP	1992; Vol. 41, No. SS-4
Cytomegalovirus Disease, Congenital	NCID	1992; Vol. 41, No. SS-2
Dengue	NCID	1994; Vol. 43, No. SS-2
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Diabetes Mellitus	NCCDPHP	1993; Vol. 42, No. SS-2
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Escherichia coli O157	NCID	1991; Vol. 40, No. SS-1
Evacuation Camps	EPO	1992; Vol. 41, No. SS-4
Family Planning Services at Title X Clinics	NCCDPHP	1995; Vol. 44, No. SS-2
Food Safety	NCID	1998; Vol. 47, No. SS-4
Foodborne-Disease Outbreaks	NCID	2000; Vol. 49, No. SS-1

*Abbreviations

ATSDR	Agency for Toxic Substances and Disease Registry
CIO	Centers/Institute/Offices
EPO	Epidemiology Program Office
IHPO	International Health Program Office
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCEHIC	National Center for Environmental Health and Injury Control
NCHSTP	National Center for HIV, STD, and TB Prevention
NCID	National Center for Infectious Diseases
NCIPC	National Center for Injury Prevention and Control
NCPS	National Center for Prevention Services
NIOSH	National Institute for Occupational Safety and Health
NIP	National Immunization Program

Reports Published in *CDC Surveillance Summaries* Since January 1, 1990 — Continued

Subject	Responsible CIO/Agency*	Most Recent Report
Giardiasis	NCID	2000; Vol. 49, No. SS-7
Gonorrhea and Syphilis, Teenagers	NCPS	1993; Vol. 42, No. SS-3
Hazardous Substances Emergency Events	ATSDR	1994; Vol. 43, No. SS-2
Health Surveillance Systems	IHPO	1992; Vol. 41, No. SS-4
Homicide	NCEHIC	1992; Vol. 41, No. SS-3
Hysterectomy	NCCDPHP	1997; Vol. 46, No. SS-4
Infant Mortality (see also National Infant Mortality; Birth Defects; Postneonatal Mortality)	NCEHIC	1990; Vol. 39, No. SS-3
Influenza	NCID	2000; Vol. 49, No. SS-3
Injury		
Head and Neck	NCIPC	1993; Vol. 42, No. SS-5
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Lead Poisoning, Childhood	NCEHIC	1990; Vol. 39, No. SS-4
Low Birth Weight	NCCDPHP	1990; Vol. 39, No. SS-3
Lyme Disease	NCID	2000; Vol. 49, No. SS-3
Malaria	NCID	1999; Vol. 48, No. SS-1
Measles	NCPS	1992; Vol. 41, No. SS-6
Meningococcal Disease	NCID	1993; Vol. 42, No. SS-2
Mumps	NIP	1995; Vol. 44, No. SS-3
Neisseria gonorrhoeae, Antimicrobial Resistance in	NCPS	1993; Vol. 42, No. SS-3
Neural Tube Defects	NCEH	1995; Vol. 44, No. SS-4
Occupational Injuries/Disease		
Asthma	NIOSH	1999; Vol. 48, No. SS-3
Silicosis	NIOSH	1997; Vol. 46, No. SS-1
Parasites, Intestinal	NCID	1991; Vol. 40, No. SS-4
Pediatric Nutrition	NCCDPHP	1992; Vol. 41, No. SS-7
Pertussis	NCPS	1992; Vol. 41, No. SS-8
Poliomyelitis	NCPS	1992; Vol. 41, No. SS-1
Postneonatal Mortality	NCCDPHP	1998; Vol. 47, No. SS-2
Pregnancy		
Pregnancy Nutrition	NCCDPHP	1992; Vol. 41, No. SS-7
Pregnancy-Related Mortality	NCCDPHP	1997; Vol. 46, No. SS-4
Pregnancy Risk Assessment Monitoring System (PRAMS)	NCCDPHP	1999; Vol. 48, No. SS-5
Pregnancy, Teenage	NCCDPHP	1993; Vol. 42, No. SS-6
Racial/Ethnic Minority Groups	Various	1990; Vol. 39, No. SS-3
Respiratory Disease	NCEHIC	1992; Vol. 41, No. SS-4
Rotavirus	NCID	1992; Vol. 41, No. SS-3
School Health Education Profiles	NCCDPHP	2000; Vol. 49, No. SS-8
Sexually Transmitted Diseases in Italy	NCPS	1992; Vol. 41, No. SS-1
Smoking	NCCDPHP	1990; Vol. 39, No. SS-3
Smoking-Attributable Mortality	NCCDPHP	1994; Vol. 43, No. SS-1
Tobacco-Control Laws, State	NCCDPHP	1999; Vol. 48, No. SS-3
Tobacco-Use Behaviors	NCCDPHP	1994; Vol. 43, No. SS-3
Spina Bifida	NCEH	1996; Vol. 45, No. SS-2
Streptococcal Disease (Group B)	NCID	1992; Vol. 41, No. SS-6
Syphilis, Congenital	NCPS	1993; Vol. 42, No. SS-6
Syphilis, Primary and Secondary	NCPS	1993; Vol. 42, No. SS-3
Tetanus	NIP	1998; Vol. 47, No. SS-2
Trichinosis	NCID	1991; Vol. 40, No. SS-3
Tuberculosis	NCPS	1991; Vol. 40, No. SS-3
Waterborne-Disease Outbreaks	NCID	2000; Vol. 49, No. SS-4
Years of Potential Life Lost	EPO	1992; Vol. 41, No. SS-6
Youth Risk Behaviors	NCCDPHP	2000; Vol. 49, No. SS-5
College Students	NCCDPHP	1997; Vol. 46, No. SS-6
National Alternative High Schools	NCCDPHP	1999; Vol. 48, No. SS-7

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Surveillance for Characteristics of Health Education Among Secondary Schools — School Health Education Profiles, 1998

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Abstract

Problem/Condition: School health education (e.g., classroom instruction) is an essential component of school health programs; such education promotes the health of youth and improves overall public health.

Reporting Period: February–May 1998.

Description of System: The School Health Education Profiles monitor characteristics of health education in middle or junior high schools and senior high schools in the United States. The Profiles are school-based surveys conducted by state and local education agencies. This report summarizes results from 36 state surveys and 10 local surveys conducted among representative samples of school principals and lead health education teachers. The lead health education teacher coordinates health education policies and programs within a middle/junior high school or senior high school.

Results: During the study period, most schools in states and cities that conducted Profiles required health education in grades 6–12. Of these, a median of 91.0% of schools in states and 86.2% of schools in cities taught a separate health education course. The median percentage of schools in each state and city that tried to increase student knowledge in selected topics (i.e., prevention of tobacco use, alcohol and other drug use, pregnancy, human immunodeficiency virus [HIV] infection, other sexually transmitted diseases, violence, or suicide; dietary behaviors and nutrition; and physical activity and fitness) was >73% for each of these topics. The median percentage of schools with a health education teacher who coordinated health education was 38.7% across states and 37.6% across cities. A median of 41.8% of schools across states and a median of 31.0% of schools across cities had a lead health education teacher with professional preparation in health and physical education, whereas a median of 6.0% of schools across states and a median of 5.5% of schools across cities had a lead health education teacher with professional preparation in health education only. A median of

19.3% of schools across states and 21.2% of schools across cities had a school health advisory council. The median percentage of schools with a written school or school district policy on HIV-infected students or school staff members was 69.7% across states and 84.4% across cities.

Interpretation: Many middle/junior high schools and senior high schools require health education to help provide students with knowledge and skills needed for adoption of a healthy lifestyle. However, these schools might not be covering all important topic areas or skills sufficiently. The number of lead health education teachers who are academically prepared in health education and the number of schools with school health advisory councils needs to increase.

Public Health Action: The Profiles data are used by state and local education officials to improve school health education.

INTRODUCTION

School health education helps students develop knowledge and skills they need to avoid or modify behaviors related to the leading causes of death, illness, and injury both during youth and adulthood. The quality of school health education is determined, in part, by the curriculum planning and development process, teacher preparation, curriculum implementation, and assessment and evaluation (*1*), as well as the resources available to accomplish these tasks.

Curriculum planning and development is enhanced when schools have a school health coordinator and collaborate with parents and community groups. Partnerships between schools and community groups contribute to successful school health programs, increased student knowledge, and improved skills (*2*).

Health education teachers need to be academically prepared to teach health education and have opportunities for professional development to maintain and improve their knowledge and skills. Lack of teacher training is a serious obstacle to the implementation of effective school health education (*3*). Teachers who receive training implement health education curricula with more fidelity compared with teachers who do not receive training, resulting in more knowledge gain among students (*4*).

Health education curricula should be planned, sequential, and implemented for all grades in elementary and middle/junior high schools and through ≥1 semester in senior high schools (*1,5*). Collaboration among health education teachers and other school staff members also improves the implementation of the health education curricula. To supplement the separate health education course, health-related information can be included in a range of disciplines, including physical education, the sciences, mathematics, language arts, social studies, home economics, and the arts (*6*).

Evaluation of the health education curriculum should include assessment of student knowledge and skills. Assessment data should be used to improve curriculum development and implementation.

In 1995, CDC collaborated with state and large local education agencies to develop the School Health Education Profiles to assess the status of school health education across states and cities. Data were collected in 1996 (*7*) and again in 1998. State and local education agencies have used these data to monitor characteristics of and assess trends in health education in middle/junior high schools and senior high schools in

their jurisdiction. The Profiles include data from a questionnaire completed by each school's principal and a questionnaire completed by each school's lead health education teacher (i.e., the person who coordinates health education policies and programs within a middle/junior high school or senior high school).

This report summarizes data from the 1998 Profiles (principals' surveys were conducted in 36 states and 10 cities; lead health education teachers' surveys were conducted in 35 states and 10 cities) and compares these data with the 1996 Profiles data. Education agencies repeated the Profiles in Spring 2000.

METHODS

Sampling

The Profiles employ systematic equal-probability sampling strategies to produce representative samples of schools serving students in grades 6–12 in each jurisdiction. In most states and cities, the sampling frame consists of all regular secondary public schools with ≥1 of grades 6–12. Some education agencies modify this procedure by inviting all schools, rather than just a sample, to participate.

Data Collection

At each school, data are collected during the spring semester. The principal's questionnaire and the lead health education teacher's questionnaire are both mailed to the principal of each sampled school. The principal determines who the lead health education teacher is and distributes the questionnaire accordingly. Completion of the survey is confidential and voluntary. Responses are recorded on the questionnaire booklet by the principal or teacher and returned directly to the state or local education agency. Follow-up telephone calls and written reminders are used to encourage participation.

Data Analysis

A weighting factor is applied to each record to reflect the likelihood of principals or teachers being selected and to adjust for differing patterns of nonresponse. Data from a state or city with an overall response rate of ≥70% and appropriate documentation were weighted, whereas data from a state or city that did not meet these criteria were not weighted. Weighted data are representative of all public schools serving grades 6–12 in the jurisdiction; unweighted data are representative only of the participating schools. Because of a low response rate, data from principals' surveys conducted in two states and lead health education teachers' surveys conducted in three states are not included in this report. Thus, this report represents information from 35 states with data from both principals' and lead health education teachers' surveys, one state with data from only the principals' survey, and 10 cities with data from both principals' and lead health education teachers' surveys (Table 1).

Across states, the sample sizes of the principals' surveys ranged from 55 to 577, and the response rates ranged from 52% to 96%; across cities, the sample sizes ranged from 33 to 179, and the response rates ranged from 62% to 100% (Table 1). The sample sizes of the lead health education teachers' surveys across states ranged from 54 to

571, and the response rates ranged from 50% to 95%; across cities, the sample sizes ranged from 31 to 168, and the response rates ranged from 59% to 100%.

SAS software was used to compute point estimates (*8*). Medians are presented for all states (i.e., those with weighted data and those with unweighted data combined) and for all cities (i.e., those with weighted data and those with unweighted data combined). The Wilcoxon rank-sum test was used to test for differences between 1996 and 1998 data across states and cities. This is a nonparametric analogue to a two-sample t-test. This statistical procedure a) rank ordered all sites for both years separately for states and cities; b) summed the ranks separately by year and for states and cities; and c) compared the rank sums separately for states and cities to determine if the distribution of the variable was the same for 1998 and 1996. Assuming that the percentages have an underlying continuous distribution, the distribution of ranks is approximately normal; therefore, a z-value was used as the test statistic. The distributions were considered significantly different at $p \leq .05$.

RESULTS

Health Education Courses

Required Health Education

Across states, the median percentage of schools that required health education for students in grades 6–12 was 93.1% (range: 74.9%–100%) (Table 2). Across cities, the median percentage of schools that required health education for students in grades 6–12 was 92.1% (range: 2.3%–100%). Among schools that required health education, the median percentage that taught ≥1 separate health education course was 91.0% (range: 76.8%–100%) across states and 86.2% (range: 51.2%–97.8%) across cities.

Curricula, Guidelines, and Frameworks for Required Health Education Courses

The median percentage of schools with a required health education course (Table 3) that required teachers to use*

- a state health education curriculum, guidelines, or framework was 83.2% (range: 48.2%–98.9%) across states and 94.4% (range: 68.0%–97.5%) across cities;
- a school district health education curriculum, guidelines, or framework was 81.7% (range: 56.6%–97.3%) across states and 95.5% (range: 77.9%–100%) across cities;
- a school health education curriculum, guidelines, or framework was 73.5% (range: 41.8%–90.5%) across states and 62.0% (range: 56.0%–79.2%) across cities; and
- a commercially developed health education curriculum was 29.4% (range: 17.9%–50.0%) across states and 31.3% (range: 18.2%–57.1%) across cities.

*Schools could report use of ≥1 required curriculum.

Content of Required Health Education Courses

The median percentage of schools that tried to increase student knowledge* (Table 4) in

- tobacco-use prevention was 97.9% (range: 90.0%–100%) across states and 98.0% (range: 90.3%–100%) across cities;
- alcohol and other drug-use (AOD-use) prevention was 99.3% (range: 97.0%–100%) across states and 99.0% (range: 96.8%–100%) across cities;
- dietary behaviors and nutrition was 94.7% (range: 84.6%–98.3%) across states and 94.5% (range: 85.7%–100%) across cities;
- physical activity and fitness was 93.5% (range: 86.2%–99.5%) across states and 92.3% (range: 88.2%–97.7%) across cities;
- pregnancy prevention was 83.9% (range: 42.5%–96.0%) across states and 92.0% (range: 74.2%–97.6%) across cities;
- human immunodeficiency virus (HIV) prevention was 95.8% (range: 73.0%–100%) across states and 100% (range: 92.0%–100%) across cities;
- other sexually transmitted disease (STD) prevention was 93.6% (range: 66.8%–100%) across states and 97.8% (range: 88.7%–100%) across cities;
- violence prevention was 84.6% (76.3%–95.0%) across states and 94.1% (85.2%–100%) across cities; and
- suicide prevention was 73.7% (range: 54.7%–85.1%) across states and 80.0% (range: 53.6%–90.4%) across cities.

The median percentage of schools that tried to improve student skills* (Table 5) in

- analysis of media messages was 79.3% (range: 63.1%–94.2%) across states and 81.8% (range: 50.0%–93.1%) across cities;
- communication was 88.8% (range: 79.6%–95.9%) across states and 93.5% (range: 79.8%–100%) across cities;
- decision making was 96.5% (range: 87.0%–100%) across states and 97.0% (range: 90.3%–100%) across cities;
- goal setting was 90.9% (range: 81.3%–97.9%) across states and 94.2% (range: 93.1%–100%) across cities;
- nonviolent conflict resolution was 83.2% (range: 71.5%–92.8%) across states and 92.9% (range: 85.2%–100%) across cities;
- resisting social pressures was 95.4% (range: 88.3%–100%) across states and 96.9% (range: 91.7%–100%) across cities; and
- stress management was 86.4% (range: 70.3%–95.2%) across states and 89.4% (range: 63.3%–96.9%) across cities.

*In a required health education course.

Coordination of Health Education

Across states and cities, a health education teacher was identified most often (state median: 38.7%; local median: 37.6%) as being responsible for coordinating health education (Table 6). A school district administrator was less likely (state median: 21.3%; local median: 8.2%) to be responsible for coordinating health education, as was a school administrator (state median: 24.4%; local median: 18.1%). A school nurse infrequently or rarely (state median: 1.7%; local median: 2.1%) coordinated health education. The median percentage of schools in which no one was responsible for coordinating health education was 3.9% across states and 3.7% across cities.

The median percentage of schools in which health education teachers planned or coordinated health-related projects or activities (Table 7) with

- physical education (PE) teachers was 56.3% (range: 40.6%–87.1%) across states and 57.2% (range: 30.2%–96.9%) across cities;
- school health services staff members was 39.7% (range: 22.1%–67.7%) across states and 46.1% (range: 34.6%–81.3%) across cities;
- school counselors was 46.9% (range: 30.2%–67.3%) across states and 50.4% (range: 23.2%–61.0%) across cities;
- food service staff members was 12.4% (range: 5.0%–23.4%) across states and 10.7% (range: 0.0%–25.0%) across cities;
- PTA/PTO* members was 9.0% (range: 2.3%–23.3%) across states and 16.4% (range: 5.7%–34.4%) across cities; and
- medical or public health persons was 56.8% (range: 40.9%–71.7%) across states and 56.1% (range: 47.4%–72.7%) across cities.

Professional Preparation of Lead Health Education Teachers

The median percentage of schools in which the lead health education teacher had professional preparation (Table 8) in

- health and physical education was 41.8% across states and 31.0% across cities;
- health education only was 6.0% across states and 5.5% across cities;
- physical education only was 15.3% across states and 8.1% across cities;
- science, family life education, or elementary education was 15.8% across states and 32.1% across cities; and
- nursing or counseling was 3.4% across states and 3.5% across cities.

Inservice Training in Health Education Topics

The median percentage of schools in which the lead health education teacher had received ≥4 hours of inservice training during the preceding 2 years (Table 9) in

*Parent Teacher Association/Parent Teacher Organization.

- tobacco-use prevention was 40.4% (range: 28.8%–66.5%) across states and 54.4% (range: 31.0%–100.0%) across cities;
- AOD-use prevention was 50.2% (range: 40.7%–74.9%) across states and 60.9% (range: 41.0%–100.0%) across cities;
- dietary behaviors and nutrition was 35.9% (range: 21.9%–63.7%) across states and 39.0% (range: 20.5%–56.3%) across cities;
- physical activity and fitness was 42.9% (range: 32.9%–59.3%) across states and 44.9% (range: 18.6%–81.5%) across cities;
- pregnancy prevention was 35.4% (range: 21.3%–45.2%) across states and 51.9% (range: 30.9%–83.7%) across cities;
- HIV prevention was 55.7% (range: 37.1%–78.5%) across states and 78.1% (range: 60.7%–100.0.) across cities;
- other STD prevention was 45.9% (range: 28.7%–62.4%) across states and 68.0% (range: 56.1%–100.0%) across cities;
- violence prevention was 43.2% (range: 28.4%–73.0%) across states and 53.1% (range: 42.3%–86.0%) across cities; and
- suicide prevention was 26.2% (range: 14.3%–43.2%) across states and 31.3% (range: 20.5–55.8%) across cities.

The median percentage of schools in which the lead health education teacher wanted inservice training (Table 10) in

- tobacco-use prevention was 42.1% (range: 28.9%–54.7%) across states and 43.9% (range: 23.3%–52.8%) across cities;
- AOD-use prevention was 43.9% (range: 33.0%–59.8%) across states and 45.7% (range: 34.6%–61.5%) across cities;
- dietary behaviors and nutrition was 43.2% (range: 34.4%–61.9%) across states and 48.9% (range: 25.0%–68.8%) across cities;
- physical activity and fitness was 32.8% (range: 22.0%–45.1%) across states and 36.6% (range: 23.3%–59.4%) across cities;
- pregnancy prevention was 42.3% (range: 29.5%–56.3%) across states and 43.4% (range: 18.6%–54.5%) across cities;
- HIV prevention was 44.1% (range: 33.0%–62.5%) across states and 40.6% (range: 22.7%–55.2%) across cities;
- other STD prevention was 44.5% (range: 34.8%–59.9%) across states and 40.0% (range: 22.7%–54.5%) across cities;
- violence prevention was 48.6% (range: 40.0%–65.4%) across states and 50.3% (range: 41.9%–69.2%) across cities; and

- suicide prevention was 59.4% (range: 47.3%–69.5%) across states and 65.6% (range: 46.5%–85.2%) across cities.

Parental and Community Involvement in School Health Education

School health advisory councils can involve the community and parents in conducting needs assessments, developing school policies, and coordinating school programs and resources. The percentage of schools with an advisory council ranged from 6.6% to 56.8% (median: 19.3%) across states and from 10.0% to 100% (median: 21.2%) across cities.

The median percentage of schools that reported receiving parental feedback on health education was 55.2% (range: 34.4%–70.2%) across states and 53.0% (range: 40.0%–84.0%) across cities (Table 11). Among those that received feedback, the median percentage of schools that received mainly positive feedback was 86.9% across states and 91.3% across cities. The median percentage of schools that received mainly negative feedback was 1.3% across states and 0.0% across cities, and the median percentage that received equally positive and negative feedback was 11.8% across states and 8.7% across cities.

The median percentage of schools that involved parents in school health education (Table 12) by

- sending parents educational materials on HIV infection/acquired immunodeficiency syndrome (AIDS) was 13.2% across states and 29.6% across cities;
- sending parents newsletters on HIV infection/AIDS was 12.4% across states and 28.8% across cities;
- inviting parents to attend a class on HIV infection/AIDS was 18.9% across states and 32.3% across cities; and
- offering parents school programs on HIV infection/AIDS was 7.8% across states and 16.2% across cities.

HIV Infection/AIDS Education

Among schools that taught HIV infection/AIDS education as part of a required health education course, the median percentage of schools (Table 13) that taught

- how HIV is and is not transmitted was 95.7% (range: 71.5%–100%) across states and 97.0% (range: 93.9%–100%) across cities;
- reasons for choosing sexual abstinence was 93.9% (65.7%–99.3%) across states and 94.5% (86.6%–100%) across cities;
- information on condom efficiency was 69.9% (range: 31.3%–84.3%) across states and 83.3% (range: 57.7%–98.0%) across cities;
- how to use condoms correctly was 43.3% (range: 12.9%–72.3%) across states and 68.4% (range: 49.5%–92.0%) across cities;

- statistics on adolescent death and disability related to HIV infection/AIDS was 73.6% (range: 57.0%–87.1%) across states and 83.7% (range: 64.9%–94.0%) across cities; and
- information on HIV testing and counseling was 75.2% (range: 54.3%–90.8%) across states and 89.1% (range: 69.4%–96.0%) across cities.

Policies on HIV-Infected Students or School Staff Members

The median percentage of schools with a written school or school district policy on HIV-infected students or school staff members was 69.7% (range: 48.7%–87.6%) across states and 84.4% (range: 76.3%–100%) across cities (Table 14). Among those that had a written policy, the median percentage of schools with a written policy that addressed

- maintenance of confidentiality for HIV-infected students and staff members was 93.0% (range: 86.8%–100%) across states and 97.3% (range: 86.1%–100%) across cities;
- protection of HIV-infected students and staff members from discrimination was 89.5% (range: 80.9%–100%) across states and 94.9% (range: 89.3%–100%) across cities;
- worksite safety was 91.9% (range: 85.7%–100%) across states and 93.2% (range: 86.8%–100%) across cities;
- attendance at school of HIV-infected students was 86.1% (range: 79.3%–93.6%) across states and 86.0% (range: 78.5%–100%) across cities;
- communication of the policy to students, staff members, and parents was 76.2% (range: 66.9%–84.8%) across states and 85.5% (range: 76.3%–100%) across cities;
- confidential counseling for HIV-infected students was 57.1% (range: 40.6%–69.3%) across states and 72.8% (range: 0%–86.6%) across cities; and
- staff training on HIV infection was 73.2% (range: 46.2%–83.7%) across states and 80.3% (range: 54.4%–100%) across cities.

Changes Between the 1996 and 1998 Profiles

The Profiles were conducted in 1996 and 1998, with both surveys using many of the same questions. For this report, data from questions that were the same in 1996 and 1998 were analyzed for changes over time (data not shown).

- Improvements from 1996 to 1998 include:
  - an increase in the percentage of schools across states that required a health education course;
  - an increase in the percentage of schools across cities that taught tobacco-use prevention;
  - an increase in the percentage of schools across states that taught analysis of media messages; and

— a decrease in the percentage of schools across states that had no health education coordinator.

- Deteriorations from 1996 to 1998 include:
  - — a decrease in the percentage of schools across states and cities that required health education;
  - — a decrease in the percentage of schools across states and cities that taught how HIV is and is not transmitted; and
  - — a decrease in the percentage of schools across states that taught reasons for choosing sexual abstinence.
- No changes from 1996 to 1998 include:
  - — the percentage of schools across cities that required a health education course;
  - — the percentage of schools across states that taught tobacco-use prevention;
  - — the percentage of schools across states and cities that taught dietary behaviors and nutrition; physical activity and fitness; and prevention of AOD-use, pregnancy, HIV infection, other STDs, violence, and suicide;
  - — the percentage of schools across states and cities that taught skills related to communication, decision making, goal setting, resisting social pressure, conflict resolution, and stress management;
  - — the percentage of schools across cities that taught analysis of media messages;
  - — the percentage of schools across cities that had no health education coordinator;
  - — the percentage of schools across states and cities that had a lead health education teacher to coordinate health education;
  - — the percentage of schools across states and cities in which the lead health education teacher has professional preparation in health education or health education and physical education;
  - — the percentage of schools across cities that taught reasons for choosing sexual abstinence;
  - — the percentage of schools across states and cities that taught correct use of condoms and condom efficiency;
  - — the percentage of schools across states and cities with a written school or school district policy on HIV-infected students and school staff members; and
  - — the percentage of schools across states and cities with a written school or school district policy on HIV-infected students and school staff members that included topics related to confidentiality, discrimination, worksite safety, and communication.

DISCUSSION

School health education could be one of the most effective means to reduce and prevent serious health problems in the United States, including cardiovascular disease, cancer, motor vehicle crashes, homicide, and suicide (*5*). Schools and districts could improve school health education through enhanced curriculum planning and development, curriculum implementation, teacher qualification and preparation, and assessment and evaluation (*1*). The Profiles provide data related to the first three categories.

The 1998 Profiles data demonstrated that many schools have implemented programs and policies that can have a positive influence on health education curriculum planning and development. The median percentage of schools without a health education coordinator was only 3.9% among states and 3.7% among cities. The percentage of schools that planned or coordinated health education projects or activities with the PTA/PTO was low, but the median percentage of schools that planned or coordinated such projects or activities with medical or public health persons was 56.8% across states and 56.1% across cities. Schools need to increase collaboration with families and medical and public health personnel.

According to the 1998 Profiles data, some health education teachers are collaborating with teachers in other subject areas to implement health education. The median percentage of schools in which health education teachers planned or coordinated health-related projects with PE teachers, school counselors, or health services or food service staff members ranged from 12.4% to 56.3% across states and from 10.7% to 57.2% across cities. Collaborative curriculum planning between health education teachers and other school staff members should be encouraged.

Few schools had a lead health education teacher whose professional preparation was in health education only, but more schools had a lead health education teacher with professional preparation in health and physical education. However, many schools had a lead health education teacher whose professional preparation was not in health education. The number of health education teachers with training in health education needs to increase.

Opportunities for professional development are important for maintaining and upgrading knowledge and skills. The median percentage of schools in which the lead health education teacher had received ≥4 hours of inservice training during the preceding 2 years in a specific health topic varied by topic. More frequent inservice training with the most up-to-date information is needed to help teachers confidently and effectively present health education topics to their students.

Many adolescents in the United States engage in behaviors that increase their risk for HIV infection (*9*). The Profiles data indicated that most schools in states and cities taught skills to reduce such risk behaviors, and the median percentage of schools across states and cities that taught HIV prevention as part of a mandatory health education course was >95%.

To help education agencies select health-related curricula that are effective in changing behavior, CDC identifies curricula with credible evidence of reducing health risk behaviors among youth. Five curricula that have demonstrated evidence of reducing sexual risk behaviors for HIV infection, other STDs, and unintended pregnancies are *Be Proud! Be Responsible! Strategies to Empower Youth to Reduce Their Risk for AIDS; Get Real About AIDS®; Reducing the Risk: Building Skills to Prevent Pregnancy, STDs,*

and HIV; Becoming a Responsible Teen; and *Focus on Kids: HIV Awareness.* Two curricula that have demonstrated evidence of reducing tobacco use are *Project Toward No Tobacco Use (Project TNT)* and *Life Skills Training.*

The findings in this report are subject to several limitations. First, these data apply only to public middle/junior high schools and senior high schools. Second, the data are self-reported by principals and lead health education teachers. Finally, the Profiles data do not provide an indepth assessment of all elements of school health education.

To provide a more comprehensive description of school health education and other components of school health programs, CDC periodically conducts the School Health Policies and Programs Study (SHPPS). SHPPS was first conducted in Spring 1994 (*10*) and repeated in Spring 2000 (*11*). SHPPS 2000 is designed to achieve the following goals:

- Monitor the status of the nation's school health policies and programs at the state, district, school, and classroom levels across eight school health program components (i.e., health education, physical education, health services, food service, school policy and environment, mental health and social services, faculty and staff health promotion, and family and community involvement).
- Describe the professional background of the persons who deliver each component of the school health program.
- Describe the coordination among the components of the school health program.
- Describe the relationships between state and school district policies and school health programs and practices.
- Identify the factors that facilitate or impede delivery of effective school health programs.
- Provide national data against which states and cities can compare their Profiles data.

The SHPPS and Profiles provide important data regarding school health education in the United States. These data can be used by state and local education officials to improve programs in this field.

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TABLE 1. Sample sizes and response rates, selected U.S. sites — School Health Education Profiles, principals' and teachers' surveys, 1998

Site	Principals' surveys		Teachers' surveys	
	Sample size	Response rate (%)	Sample size	Response rate (%)
STATE SURVEYS				
Weighted Data				
Alabama	160	96	159	95
Alaska	222	70	NA*	NA
Arkansas	234	75	227	73
California	391	76	384	75
Delaware	55	89	54	87
Georgia	312	83	307	82
Hawaii	NA	NA	60	71
Idaho	200	84	195	82
Illinois†	360	83	354	81
Iowa	281	81	254	73
Louisiana§	267	81	253	76
Maine	185	81	178	78
Massachusetts	577	85	571	84
Michigan	313	84	309	83
Minnesota	354	91	338	87
Missouri	313	75	317	75
Montana	304	88	299	87
Nebraska	358	78	329	72
New Hampshire	183	87	169	80
New Mexico	184	70	NA	NA
New York	418	86	399	82
North Dakota	194	86	189	84
Ohio	399	80	394	79
Pennsylvania	309	73	303	72
South Carolina	305	71	NA	NA
Utah	211	71	NA	NA
Virginia	207	71	NA	NA
West Virginia	205	96	203	95
Wisconsin	369	74	359	72
Wyoming	133	83	NA	NA
Unweighted Data				
Alaska	NA	NA	190	60
Florida¶	232	57	208	51
Hawaii	57	68	NA	NA
New Jersey	284	55	285	55
New Mexico	NA	NA	175	67
North Carolina	219	52	NA	NA
Oregon	353	55	321	50
South Carolina	NA	NA	288	67
South Dakota	107	67	93	58
Tennessee	262	67	261	67
Utah	NA	NA	205	69
Virginia	NA	NA	198	68
Wyoming	NA	NA	94	58

TABLE 1. (*Continued*) Sample sizes and response rates, selected U.S. sites — School Health Education Profiles, principals' and teachers' surveys, 1998

Site	Principals' surveys		Teachers' surveys	
	Sample size	Response rate (%)	Sample size	Response rate (%)
LOCAL SURVEYS				
Weighted Data				
Dallas	52	98	52	98
Ft. Lauderdale	70	100	70	100
Houston	NA	NA	43	70
Los Angeles	99	82	99	82
Miami	88	96	87	95
New Orleans	33	100	33	100
Philadelphia	105	81	104	80
San Diego	44	100	44	100
San Francisco	36	80	NA	NA
Unweighted Data				
Chicago	179	63	168	59
Houston	38	62	NA	—NA
San Francisco	NA	NA	31	69

* Not available.
† Survey did not include schools from Chicago.
§ Survey did not include schools from New Orleans.
¶ Survey did not include schools from Ft. Lauderdale and Miami.

TABLE 2. Percentage of schools that required health education in grades 6–12 and, among those schools, percentage that taught ≥1 separate health education course, selected U.S. sites — School Health Education Profiles, principals' surveys, 1998

Site	Required health education	Taught ≥1 separate health education course
STATE SURVEYS		
Weighted Data		
Alabama	85.6	85.6
Alaska	90.3	92.6
Arkansas	95.6	100.0
California	80.2	76.8
Delaware	96.3	98.0
Georgia	100.0	93.7
Idaho	96.3	96.6
Illinois*	94.6	89.4
Iowa	77.9	90.4
Louisiana†	84.7	80.0
Maine	93.1	93.9
Massachusetts	93.1	94.2
Michigan	83.0	89.3
Minnesota	96.2	98.2
Missouri	79.9	89.6
Montana	93.0	82.1
Nebraska	85.1	91.6
New Hampshire	88.4	93.8
New Mexico	74.9	81.6
New York	98.9	100.0
North Dakota	92.7	93.4
Ohio	98.7	99.2
Pennsylvania	98.5	98.2
South Carolina	85.2	79.3
Utah	94.8	98.6
Virginia	93.6	80.2
West Virginia	97.1	97.3
Wisconsin	91.8	96.8
Wyoming	85.8	82.1
Unweighted Data		
Florida§	80.1	83.4
Hawaii	100.0	100.0
New Jersey	99.6	90.5
North Carolina	93.6	83.8
Oregon	97.7	82.6
South Dakota	76.4	84.0
Tennessee	85.3	78.9
State Median	**93.1**	**91.0**

TABLE 2. (*Continued*) Percentage of schools that required health education in grades 6–12 and, among those schools, percentage that taught ≥1 separate health education course, selected U.S. sites — School Health Education Profiles, principals' surveys, 1998

Site	Required health education	Taught ≥1 separate health education course
LOCAL SURVEYS		
Weighted Data		
Dallas	69.4	87.5
Ft. Lauderdale	95.7	86.2
Los Angeles	100.0	97.8
Miámi	67.6	66.9
New Orleans	100.0	90.6
Philadelphia	92.4	90.1
San Diego	2.3	NA[¶]
San Francisco	91.7	77.2
Unweighted Data		
Chicago	77.4	51.2
Houston	94.7	85.7
Local Median	**92.1**	**86.2**

* Survey did not include schools from Chicago.
† Survey did not include schools from New Orleans.
§ Survey did not include schools from Ft. Lauderdale and Miami.
¶ Not available.

TABLE 3. Percentage of schools with a required health education course that required teachers to use a specific curriculum, guidelines, or framework, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	State curriculum, guidelines, or framework	School district curriculum, guidelines, or framework	School curriculum, guidelines, or framework	Commercial curriculum
STATE SURVEYS				
Weighted Data				
Alabama	98.4	62.4	68.5	32.0
Arkansas	87.2	59.8	65.7	24.0
California	89.5	90.1	65.2	39.3
Delaware	90.2	86.3	73.5	23.9
Georgia	98.9	85.7	74.8	36.9
Hawaii	91.2	65.8	65.8	25.1
Idaho	70.2	82.1	66.6	33.1
Illinois*	85.7	76.8	74.4	36.9
Iowa	64.2	78.9	84.4	29.6
Louisiana†	90.0	69.1	56.8	36.3
Maine	67.1	65.4	74.1	17.9
Massachusetts	83.2	80.4†	83.3	42.8
Michigan	78.4	88.9	79.5	26.8
Minnesota	62.4	73.3	70.9	24.2
Missouri	77.7	89.1	85.2	26.5
Montana	55.1	74.3	78.1	27.1
Nebraska	48.2	62.0	78.4	27.1
New Hampshire	58.7	62.6	73.4	27.2
New York	89.7	84.9	71.2	23.9
North Dakota	53.9	56.6	69.8	28.1
Ohio	77.4	94.7	79.1	24.4
Pennsylvania	82.7	94.0	86.6	31.4
West Virginia	98.5	80.7†	72.2	39.5
Wisconsin	76.4	91.9	84.7	27.9

TABLE 3. (*Continued*) Percentage of schools with a required health education course that required teachers to use a specific curriculum, guidelines, or framework, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	State curriculum, guidelines, or framework	School district curriculum, guidelines, or framework	School curriculum, guidelines, or framework	Commercial curriculum
Unweighted Data				
Alaska	55.3	90.0	52.7	32.6
Florida[§]	95.1	93.0	56.3	33.1
New Jersey	93.8	97.3	90.5	29.4
New Mexico	93.2	92.4	74.6	28.7
Oregon	89.2	92.4	74.9	41.0
South Carolina	82.8	83.7	65.6	37.9
South Dakota	50.8	73.4	85.5	42.6
Tennessee	93.8	66.3	62.3	27.2
Utah	94.1	74.3	41.8	29.9
Virginia	89.7	81.7	68.5	26.4
Wyoming	58.6	96.1	81.2	50.0
State Median	**83.2**	**81.7**	**73.5**	**29.4**
LOCAL SURVEYS				
Weighted Data				
Dallas	96.9	100.0	66.6	27.4
Ft. Lauderdale	94.4	100.0	62.0	26.0
Houston	97.5	100.0	68.1	32.9
Los Angeles	92.2	97.8	61.6	18.2
Miami	96.1	94.2	56.0	31.3
New Orleans	96.8	79.3	60.7	57.1
Philadelphia	68.0	95.5	70.5	28.6
San Diego	NA[¶]	NA	NA	NA
Unweighted Data				
Chicago	88.9	77.9	79.2	41.6
San Francisco	91.7	88.5	58.3	47.8
Local Median	**94.4**	**95.5**	**62.0**	**31.3**

* Survey did not include schools from Chicago.
† Survey did not include schools from New Orleans.
§ Survey did not include schools from Ft. Lauderdale and Miami.
¶ Not available.

TABLE 4. Percentage of schools that tried to increase student knowledge in specific topics,* selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV† prevention	Other STD§ prevention	Violence prevention	Suicide prevention
STATE SURVEYS									
Weighted Data									
Alabama	94.9	98.3	93.0	94.8	80.5	95.0	94.1	82.4	76.9
Arkansas	96.1	99.6	97.3	97.8	84.6	93.5	92.0	81.9	85.1
California	97.9	98.7	89.7	92.1	85.4	95.8	92.9	86.1	59.4
Delaware	98.0	100.0	92.1	86.2	96.0	100.0	96.1	94.0	76.5
Georgia	98.2	99.4	98.3	95.2	89.0	96.1	94.4	88.4	76.3
Hawaii	100.0	100.0	98.2	93.5	93.1	100.0	100.0	90.0	75.1
Idaho	96.0	99.0	95.6	93.6	68.1	91.4	90.1	84.6	81.5
Illinois¶	98.7	99.7	95.0	94.0	83.9	97.4	93.3	78.4	72.4
Iowa	97.0	100.0	93.1	91.3	82.5	95.2	93.1	78.4	74.4
Louisiana**	97.6	99.0	88.3	95.2	42.5	73.0	66.8	87.9	62.8
Maine	97.2	98.7	95.9	92.7	88.5	95.8	95.2	85.4	74.8
Massachusetts	98.4	98.8	96.4	94.0	82.7	97.7	93.5	95.0	69.6
Michigan	98.4	99.2	95.1	89.9	74.7	95.3	91.1	80.4	61.0
Minnesota	99.1	99.3	95.6	89.7	87.7	97.4	95.0	83.7	77.5
Missouri	98.8	98.8	93.5	93.9	83.6	93.3	90.8	84.6	69.9
Montana	96.4	98.8	94.8	98.4	72.3	90.5	84.7	81.6	64.6
Nebraska	98.9	99.5	92.9	91.6	69.0	92.5	84.1	78.2	69.2
New Hampshire	95.2	100.0	92.2	86.9	77.9	95.7	93.4	87.3	67.8
New York	98.7	99.4	95.0	90.3	85.5	99.2	97.4	84.3	80.2
North Dakota	98.9	100.0	97.2	96.7	76.5	94.1	88.6	82.6	76.8
Ohio	97.8	99.5	94.7	90.9	89.8	96.2	96.4	76.9	75.2
Pennsylvania	98.7	98.8	88.7	89.5	83.8	98.9	93.3	76.3	65.7
West Virginia	99.0	100.0	97.9	96.7	84.3	96.8	93.6	90.6	78.9
Wisconsin	96.3	98.5	93.8	89.6	94.0	97.7	97.1	83.9	83.7
Unweighted Data									
Alaska	96.4	97.0	84.6	90.8	70.6	85.4	78.4	76.8	69.8
Florida††	100.0	100.0	95.2	91.8	93.1	99.3	99.3	90.5	82.6
New Jersey	98.5	99.6	92.7	93.5	89.7	98.5	97.0	92.3	76.1
New Mexico	95.8	97.5	95.8	90.8	85.0	95.0	95.0	83.3	73.7

TABLE 4. (*Continued*) Percentage of schools that tried to increase student knowledge in specific topics,* selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV† prevention	Other STD§ prevention	Violence prevention	Suicide prevention
Unweighted Data									
Oregon	96.6	98.0	92.5	94.9	77.1	96.3	90.5	88.8	67.4
South Carolina	90.0	97.2	91.9	92.9	89.9	93.8	94.3	84.8	55.1
South Dakota	98.5	100.0	92.3	98.5	78.5	96.9	93.8	85.9	68.8
Tennessee	98.5	99.5	94.9	99.5	88.7	98.0	94.4	90.3	70.7
Utah	95.7	98.4	97.3	93.0	75.8	93.6	92.5	88.1	78.1
Virginia	93.7	98.9	92.6	98.3	84.1	94.8	94.9	81.2	72.9
Wyoming	97.4	100.0	92.2	97.4	77.9	97.4	97.4	88.3	54.7
State Median	**97.9**	**99.3**	**94.7**	**93.5**	**83.9**	**95.8**	**93.6**	**84.6**	**73.7**
LOCAL SURVEYS									
Weighted Data									
Dallas	97.0	97.0	94.1	88.2	93.9	97.0	97.0	90.9	78.8
Ft. Lauderdale	98.1	100.0	98.1	88.9	84.9	94.4	92.6	85.2	81.1
Houston	96.8	100.0	96.9	93.5	89.4	100.0	97.8	96.9	90.4
Los Angeles	100.0	98.8	98.8	92.3	97.6	100.0	100.0	91.2	82.8
Miami	96.1	100.0	94.2	92.1	96.1	100.0	100.0	94.1	90.4
New Orleans	90.3	96.8	85.7	93.5	93.5	100.0	93.5	100.0	65.5
Philadelphia	100.0	98.9	94.5	97.7	91.3	98.0	99.0	96.7	66.4
San Diego	NA‡‡	NA	NA	NA	NA	NA	NA	NA	NA
Unweighted Data									
Chicago	98.0	99.0	88.9	97.0	74.2	92.0	88.7	93.0	53.6
San Francisco	100.0	100.0	100.0	92.3	92.0	100.0	100.0	96.2	80.0
Local Median	**98.0**	**99.0**	**94.5**	**92.3**	**92.0**	**100.0**	**97.8**	**94.1**	**80.0**

* In a required health education course.
† Human immunodeficiency virus.
§ Sexually transmitted disease.
¶ Survey did not include schools from Chicago.
** Survey did not include schools from New Orleans.
†† Survey did not include schools from Ft. Lauderdale and Miami.
‡‡ Not available.

TABLE 5. Percentage of schools that tried to improve specific student skills,* selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Analysis of media messages	Communication	Decision making	Goal setting	Nonviolent conflict resolution	Resisting social pressures	Stress management
STATE SURVEYS							
Weighted Data							
Alabama	63.1	85.8	93.9	89.6	85.0	93.3	87.0
Arkansas	67.2	88.9	96.4	94.6	85.9	97.4	91.4
California	84.7	88.0	96.3	90.8	85.3	94.4	70.4
Delaware	86.0	95.9	100.0	96.0	86.2	100.0	86.0
Georgia	85.0	94.0	98.8	97.2	89.3	99.6	94.1
Hawaii	79.5	95.1	100.0	96.5	90.0	98.2	89.2
Idaho	79.3	89.9	95.4	92.3	83.2	93.8	89.0
Illinois†	76.0	83.7	95.4	87.8	80.9	95.7	88.3
Iowa	72.5	82.9	96.5	88.9	71.5	93.7	86.4
Louisiana§	63.8	87.4	95.5	89.4	87.3	93.1	82.1
Maine	86.3	92.5	96.7	88.5	82.8	93.9	89.3
Massachusetts	94.2	94.2	97.8	91.2	92.8	98.4	85.4
Michigan	84.3	85.6	94.7	88.2	81.0	95.4	81.3
Minnesota	81.3	88.7	97.0	87.7	78.1	95.5	86.8
Missouri	76.0	88.1	95.9	91.3	80.7	95.4	87.2
Montana	72.7	83.3	89.9	84.3	75.2	91.7	79.0
Nebraska	73.7	85.7	92.7	86.4	79.8	93.7	84.8
New Hampshire	88.0	92.7	97.8	87.5	86.4	93.3	84.4
New York	90.6	92.4	96.2	89.3	80.9	97.7	90.8
North Dakota	73.9	95.4	98.3	91.5	78.1	96.6	86.7
Ohio	78.5	87.2	95.6	89.9	76.1	94.4	89.8
Pennsylvania	82.1	84.8	96.8	86.7	75.6	95.4	83.4
West Virginia	77.3	93.3	97.8	96.8	88.9	98.9	88.7
Wisconsin	84.0	93.3	98.3	93.3	80.5	98.1	92.0
Unweighted Data							
Alaska	64.1	79.6	87.0	81.3	77.2	88.3	70.3
Florida¶	88.4	93.8	99.3	97.9	91.7	98.6	95.2

TABLE 5. (*Continued*) Percentage of schools that tried to improve specific student skills,* selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Analysis of media messages	Communication	Decision making	Goal setting	Nonviolent conflict resolution	Resisting social pressures	Stress management
Unweighted Data							
New Jersey	85.8	91.2	98.5	94.6	89.2	99.2	85.8
New Mexico	77.5	90.8	98.3	94.2	84.2	96.7	82.5
Oregon	87.7	88.8	97.3	90.8	84.4	97.3	87.1
South Carolina	72.7	85.2	93.4	91.5	79.6	94.3	82.4
South Dakota	70.8	84.4	95.4	92.4	89.1	93.9	83.1
Tennessee	75.9	88.8	94.9	91.9	88.8	94.9	84.1
Utah	84.9	91.8	97.9	90.9	82.5	96.8	93.0
Virginia	82.2	87.9	98.3	89.6	80.7	95.4	83.3
Wyoming	74.7	91.0	94.9	90.9	85.5	96.2	83.1
State Median	**79.3**	**88.8**	**96.5**	**90.9**	**83.2**	**95.4**	**86.4**
LOCAL SURVEYS							
Weighted Data							
Dallas	88.3	97.0	97.0	93.9	94.1	94.1	96.9
Ft. Lauderdale	86.8	90.6	94.4	94.2	85.2	96.3	94.4
Houston	76.1	93.5	100.0	100.0	96.8	96.9	89.4
Los Angeles	93.1	96.5	97.6	95.6	90.1	97.8	88.5
Miami	84.3	94.1	98.0	100.0	90.2	98.0	92.1
New Orleans	50.0	86.2	90.3	93.1	100.0	100.0	63.3
Philadelphia	73.8	87.7	97.9	93.4	95.7	98.8	77.1
San Diego	NA**	NA	NA	NA	NA	NA	NA
Unweighted Data							
Chicago	64.0	79.8	96.0	93.9	92.9	94.0	69.4
San Francisco	81.8	100.0	95.8	95.7	91.7	91.7	91.3
Local Median	**81.8**	**93.5**	**97.0**	**94.2**	**92.9**	**96.9**	**89.4**

* In a required health education course.
† Survey did not include schools from Chicago.
§ Survey did not include schools from New Orleans.
¶ Survey did not include schools from Ft. Lauderdale and Miami.
** Not available.

TABLE 6. Percentage of schools in which a specific person was responsible for coordinating health education, selected U.S. sites — School Health Education Profiles, principals' surveys, 1998

Site	School district administrator*	School administrator†	Health education teacher	School nurse	No coordinator
STATE SURVEYS					
Weighted Data§					
Alabama	19.6	30.1	28.9	4.5	11.0
Alaska	23.6	32.5	22.8	2.1	9.7
Arkansas	15.2	36.1	43.5	0.5	2.8
California	26.1	25.8	25.5	6.1	6.5
Delaware	13.8	19.5	60.8	3.9	0
Georgia	35.2	29.4	31.8	0	1.4
Idaho	20.9	16.6	51.0	1.7	4.4
Illinois¶	20.8	20.4	46.6	0.6	3.6
Iowa	32.0	24.5	33.1	2.3	3.4
Louisiana**	19.3	24.2	38.8	5.0	7.3
Maine	15.4	13.1	49.0	5.6	10.4
Massachusetts	37.3	17.7	28.6	1.7	2.3
Michigan	26.9	22.9	36.9	1.4	3.8
Minnesota	24.9	16.4	48.2	1.8	4.0
Missouri	21.4	31.0	31.3	10.0	2.8
Montana	16.3	19.5	57.5	1.5	3.4
Nebraska	14.6	32.6	39.8	1.5	7.3
New Hampshire	10.0	20.4	40.0	10.5	6.5
New Mexico	20.9	15.6	37.6	7.2	11.0
New York	20.1	23.1	35.6	0.7	1.8
North Dakota	9.2	33.5	46.4	1.0	6.4
Ohio	32.0	18.4	41.7	0.8	3.5
Pennsylvania	36.4	29.2	28.9	1.0	0
South Carolina	21.5	32.4	31.5	1.7	4.5
Utah	18.1	29.5	46.0	0	2.1
Virginia	26.5	26.9	38.7	0	2.2
West Virginia	14.5	27.6	52.8	0	1.5
Wisconsin	21.8	12.2	54.9	1.8	2.5
Wyoming	24.7	19.7	35.6	8.3	5.7

TABLE 6. (*Continued*) Percentage of schools in which a specific person was responsible for coordinating health education, selected U.S. sites — School Health Education Profiles, principals' surveys, 1998

Site	School district administrator*	School administrator†	Health education teacher	School nurse	No coordinator
Unweighted Data§					
Florida¶	27.4	27.4	23.3	7.8	6.4
Hawaii	0	9.3	74.1	0	0
New Jersey	35.6	21.8	20.3	4.2	1.1
North Carolina	26.4	21.2	42.9	0.5	4.2
Oregon	24.9	26.1	39.0	1.2	4.2
South Dakota	14.9	43.6	21.3	2.1	11.7
Tennessee	21.3	34.3	27.2	0.4	8.7
State Median	**21.3**	**24.4**	**38.7**	**1.7**	**3.9**
LOCAL SURVEYS					
Weighted Data§					
Dallas	33.8	3.9	25.6	4.1	16.3
Ft. Lauderdale	10.4	26.9	41.8	0	3.0
Los Angeles	7.5	16.9	61.0	1.0	1.0
Miami	18.8	35.0	20.1	1.3	7.5
New Orleans	6.5	9.7	67.7	9.7	3.2
Philadelphia	7.2	20.8	54.4	1.0	4.2
San Diego	0	9.1	2.3	9.1	4.5
San Francisco	16.2	19.3	32.2	0	3.2
Unweighted Data§					
Chicago	2.4	21.8	33.3	9.1	13.9
Houston	8.8	14.7	55.9	2.9	2.9
Local Median	**8.2**	**18.1**	**37.6**	**2.1**	**3.7**

* District superintendent or district curriculum coordinator.
† Principal or school curriculum coordinator.
§ Percentages for each row might not add up to 100.0 because of rounding.
¶ Survey did not include schools from Chicago.
** Survey did not include schools from New Orleans.
†† Survey did not include schools from Ft. Lauderdale and Miami.

TABLE 7. Percentage of schools in which health education teachers planned or coordinated health-related projects or activities with other groups, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Physical education teachers	School health services staff members	School Counselors	Food service staff members	PTA/PTO* members	Medical or public health persons
STATE SURVEYS						
Weighted Data						
Alabama	51.8	33.2	52.5	14.0	14.9	63.6
Arkansas	47.5	31.0	38.6	6.6	4.3	44.8
California	44.5	41.9	33.4	9.1	9.0	49.3
Delaware	63.0	61.0	40.8	13.0	9.5	71.7
Georgia	69.0	29.6	52.2	17.7	15.2	57.7
Hawaii	58.9	37.5	45.9	11.5	12.0	71.1
Idaho	51.5	32.8	42.8	10.4	6.0	55.6
Illinois†	50.9	28.2	30.2	5.0	7.6	50.8
Iowa	47.8	52.6	40.8	10.5	3.3	61.1
Louisiana§	68.9	38.0	39.3	14.6	8.4	44.2
Maine	49.3	61.3	59.0	11.7	4.0	56.8
Massachusetts	66.8	67.7	67.3	22.5	23.3	60.1
Michigan	47.6	22.1	35.0	9.7	7.8	51.4
Minnesota	53.8	44.4	44.2	12.4	3.1	54.8
Missouri	63.9	63.1	48.5	14.7	12.0	51.9
Montana	78.0	29.2	51.1	13.6	5.2	47.1
Nebraska	58.3	38.8	34.6	8.9	3.7	40.9
New Hampshire	49.2	55.9	65.1	14.7	16.0	60.5
New York	54.9	40.1	46.9	12.0	23.2	55.8
North Dakota	58.9	22.5	54.5	16.0	8.4	55.3
Ohio	46.5	36.1	36.3	7.6	6.4	58.7
Pennsylvania	69.5	44.4	36.6	8.4	13.2	57.8
West Virginia	68.4	48.3	50.0	22.0	13.3	61.9
Wisconsin	56.1	44.8	56.6	13.6	8.5	57.0

TABLE 7. (*Continued*) Percentage of schools in which health education teachers planned or coordinated health-related projects or activities with other groups, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Physical education teachers	School health services staff members	School Counselors	Food service staff members	PTA/PTO* members	Medical or public health persons
Unweighted Data						
Alaska	40.6	32.4	48.1	10.0	17.7	66.8
Florida[¶]	46.0	39.7	37.9	12.8	6.8	61.6
New Jersey	71.8	56.6	50.5	9.4	21.4	49.5
New Mexico	56.3	63.3	51.5	15.0	7.1	70.0
Oregon	55.8	38.9	46.8	13.1	6.4	55.9
South Carolina	66.1	46.2	47.1	16.1	12.1	47.7
South Dakota	56.5	25.8	46.7	9.0	2.3	44.4
Tennessee	67.7	35.5	51.8	23.4	9.8	63.9
Utah	48.7	25.0	47.2	7.9	14.1	61.1
Virginia	87.1	54.6	44.1	11.9	15.6	53.6
Wyoming	66.7	63.8	52.1	21.5	9.6	60.6
State Median	**56.3**	**39.7**	**46.9**	**12.4**	**9.0**	**56.8**
LOCAL SURVEYS						
Weighted Data						
Dallas	36.4	43.0	28.6	1.9	15.4	69.2
Ft. Lauderdale	53.6	47.1	46.4	21.4	11.4	50.7
Houston	96.0	69.6	54.6	5.7	20.7	68.9
Los Angeles	30.2	37.5	23.2	7.1	17.5	56.1
Miami	49.9	34.6	61.0	10.3	9.2	56.1
New Orleans	96.9	81.3	59.4	25.0	34.4	72.7
Philadelphia	78.2	45.1	40.0	12.5	5.7	47.4
San Diego	36.4	54.5	34.1	0.0	11.4	50.0
Unweighted Data						
Chicago	63.0	44.3	54.4	23.7	19.4	52.8
San Francisco	60.7	63.0	55.2	11.1	29.6	67.9
Local Median	**57.2**	**46.1**	**50.4**	**10.7**	**16.4**	**56.1**

* Parent Teacher Association/Parent Teacher Organization.
† Survey did not include schools from Chicago.
§ Survey did not include schools from New Orleans.
¶ Survey did not include schools from Ft. Lauderdale and Miami.

TABLE 8. Percentage of schools in which the lead health education teacher had professional preparation in a specific area, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Health and physical education	Health education only	Physical education only	Science, family life education, or elementary education	Nursing or counseling	Other
STATE SURVEYS						
Weighted Data*						
Alabama	45.6	5.2	25.9	15.5	4.1	3.6
Arkansas	69.2	3.7	15.3	6.3	0.9	4.6
California	12.3	7.6	13.9	42.9	7.5	15.8
Delaware	80.0	6.0	8.0	2.0	4.0	0.0
Georgia	68.1	3.3	9.4	9.5	1.8	7.9
Hawaii	52.8	5.0	27.1	8.4	1.6	5.0
Idaho	43.3	6.0	25.3	19.4	1.8	4.2
Illinois†	35.6	13.6	26.2	17.4	4.1	3.1
Iowa	27.3	5.0	19.1	35.0	7.4	6.2
Louisiana†	61.7	1.6	18.9	11.8	3.4	2.6
Maine	37.5	10.3	15.2	23.0	10.7	3.4
Massachusetts	41.4	23.5	9.9	12.4	6.3	6.4
Michigan	32.5	7.2	17.2	34.7	3.3	5.1
Minnesota	65.7	8.2	10.5	8.4	1.6	5.5
Missouri	41.8	3.0	21.8	24.9	5.7	3.0
Montana	53.7	1.4	20.9	12.5	2.9	8.7
Nebraska	26.5	1.1	30.5	26.5	7.5	7.9
New Hampshire	22.6	15.6	14.4	19.3	23.8	4.3
New York	45.1	35.4	6.3	7.8	2.3	3.2
North Dakota	30.9	1.5	16.7	37.2	2.1	11.6
Ohio	70.4	7.4	6.7	11.8	1.9	1.8
Pennsylvania	85.0	3.1	8.3	1.4	1.0	1.3
West Virginia	69.3	8.2	10.3	9.1	0.0	3.2
Wisconsin	48.0	8.5	25.5	14.4	1.3	2.3
Unweighted Data*						
Alaska	12.1	5.2	7.5	44.5	7.5	23.1
Florida†	27.1	19.2	13.8	25.6	9.9	4.4

TABLE 8. (*Continued*) Percentage of schools in which the lead health education teacher had professional preparation in a specific area, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Health and physical education	Health education only	Physical education only	Science, family life education, or elementary education	Nursing or counseling	Other
Unweighted Data*						
New Jersey	59.8	10.5	9.1	4.3	14.9	1.4
New Mexico	31.4	10.7	20.1	14.5	15.7	7.5
Oregon	39.5	13.5	12.5	29.3	1.0	4.3
South Carolina	38.2	5.4	31.4	18.2	4.6	2.1
South Dakota	40.7	2.2	14.3	29.7	3.3	9.9
Tennessee	53.6	3.9	8.2	23.6	7.7	3.0
Utah	35.5	13.7	24.0	15.8	1.6	9.3
Virginia	78.1	1.6	15.6	0.5	3.1	1.0
Wyoming	37.5	3.4	17.0	22.7	13.6	5.7
State Median	**41.8**	**6.0**	**15.3**	**15.8**	**3.4**	**4.3**
LOCAL SURVEYS						
Weighted Data*						
Dallas	39.5	7.8	5.9	42.8	0.0	4.0
Ft. Lauderdale	30.9	10.3	11.8	30.9	1.5	14.7
Houston	73.4	3.1	20.3	0.0	3.1	0.0
Los Angeles	19.4	19.0	9.9	45.3	0.0	6.3
Miami	22.2	12.3	9.9	40.8	6.2	8.6
New Orleans	93.8	0.0	6.3	0.0	0.0	0.0
Philadelphia	80.8	2.0	4.1	4.8	6.4	1.9
San Diego	0.0	7.1	0.0	33.3	45.2	14.3
Unweighted Data*						
Chicago	31.2	0.6	20.4	24.2	19.1	4.5
San Francisco	19.2	3.8	3.8	42.3	3.8	26.9
Local Median	**31.0**	**5.5**	**8.1**	**32.1**	**3.5**	**5.4**

* Percentages for each row might not add up to 100.0 because of rounding.
† Survey did not include schools from Chicago.
§ Survey did not include schools from New Orleans.
¶ Survey did not include schools from Ft. Lauderdale and Miami.

TABLE 9. Percentage of schools in which the lead health education teacher had received ≥4 hours of inservice training during the preceding 2 years in specific health education topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
STATE SURVEYS									
Weighted Data									
Alabama	40.4	52.9	33.8	48.7	30.0	53.8	47.0	40.3	28.5
Arkansas	35.4	46.6	29.8	43.3	30.8	45.3	36.0	33.4	26.6
California	50.1	46.0	29.1	32.9	35.4	58.1	46.8	43.8	19.9
Delaware	41.3	50.1	28.0	43.1	39.6	48.0	44.9	48.1	14.3
Georgia	36.1	51.4	29.8	41.6	33.8	51.8	45.8	42.5	23.5
Hawaii	54.1	57.0	34.9	50.1	43.2	61.4	50.6	46.9	21.7
Idaho	61.6	74.9	44.5	49.6	33.3	63.2	52.4	50.3	41.9
Illinois§	29.6	46.9	31.6	35.2	27.7	45.1	38.6	40.4	21.4
Iowa	34.1	45.2	35.9	43.3	36.5	47.4	37.8	36.6	28.9
Louisiana§	43.6	55.7	29.8	52.7	21.3	42.1	37.2	48.9	25.9
Maine	36.5	40.7	37.5	40.2	36.5	64.0	46.3	36.6	23.0
Massachusetts	66.5	66.1	57.2	47.3	45.2	66.0	52.5	73.0	37.2
Michigan	37.4	47.2	38.7	36.2	40.2	69.0	58.1	46.0	21.6
Minnesota	40.9	49.2	39.3	46.6	35.0	51.2	44.5	44.3	26.2
Missouri	36.8	48.4	36.6	38.4	28.7	44.2	37.4	43.2	20.9
Montana	43.5	50.2	47.4	59.3	34.6	58.8	45.9	38.5	28.4
Nebraska	28.8	44.1	30.2	39.3	25.3	37.1	28.7	28.4	20.7
New Hampshire	58.4	64.1	63.7	50.6	45.1	69.4	56.0	60.7	43.2
New York	41.8	50.3	33.5	38.9	38.8	66.4	45.8	45.1	28.9
North Dakota	38.7	50.5	55.3	51.7	33.7	59.1	51.0	46.2	34.7
Ohio	32.0	45.2	31.8	38.8	34.0	44.9	38.3	35.7	20.1
Pennsylvania	34.7	51.4	29.6	37.0	29.8	51.4	36.5	42.7	27.6
West Virginia	52.7	58.2	36.3	42.9	27.0	52.4	42.5	48.8	22.5
Wisconsin	39.2	51.3	40.5	40.4	38.2	56.9	46.0	43.2	33.2
Unweighted Data									
Alaska	36.0	50.0	21.9	32.9	22.1	39.0	33.9	39.9	24.4
Florida**	57.1	52.8	36.4	36.4	41.4	65.7	56.9	59.6	25.5
New Jersey	40.4	55.8	34.3	41.9	41.7	60.0	48.3	46.2	30.2

TABLE 9. (*Continued*) Percentage of schools in which the lead health education teacher had received ≥4 hours of inservice training during the preceding 2 years in specific health education topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
Unweighted Data									
New Mexico	43.8	46.4	37.1	47.0	40.2	62.3	48.2	46.2	31.0
Oregon	36.7	48.9	29.3	36.7	31.7	48.7	39.6	42.2	17.6
South Carolina	36.8	41.5	39.5	54.0	44.0	53.8	50.0	52.6	17.9
South Dakota	48.4	54.9	31.8	44.3	22.7	60.0	44.0	37.8	30.8
Tennessee	36.9	48.8	37.3	38.8	37.9	58.5	46.7	45.8	21.8
Utah	47.9	59.1	31.1	36.3	39.9	78.5	62.4	42.0	29.9
Virginia	38.5	53.6	43.7	58.9	35.4	53.1	45.2	43.1	28.2
Wyoming	44.8	49.4	45.3	55.1	38.6	55.7	49.4	42.0	33.0
State Median	**40.4**	**50.2**	**35.9**	**42.9**	**35.4**	**55.7**	**45.9**	**43.2**	**26.2**
LOCAL SURVEYS									
Weighted Data									
Dallas	31.0	52.7	32.5	40.6	52.6	68.3	67.0	57.7	36.1
Ft. Lauderdale	58.8	65.2	46.3	49.3	61.8	79.7	79.7	49.3	30.0
Houston	63.9	71.9	48.4	81.5	59.9	82.4	78.4	67.2	48.5
Los Angeles	59.2	42.0	27.5	23.3	30.9	85.8	68.9	47.2	20.5
Miami	34.6	41.0	39.5	38.2	51.2	76.5	63.4	45.7	32.5
New Orleans	60.6	75.8	56.3	65.6	69.7	100.0	84.8	84.4	43.8
Philadelphia	35.5	51.9	34.7	51.1	47.2	65.6	56.1	52.8	28.7
San Diego	100.0	100.0	20.5	18.6	83.7	100.0	100.0	86.0	55.8
Unweighted Data									
Chicago	45.4	56.6	38.5	54.7	46.8	60.7	56.4	53.5	28.3
San Francisco	50.0	73.1	40.0	37.0	48.1	73.1	57.7	42.3	29.6
Local Median	**54.4**	**60.9**	**39.0**	**44.9**	**51.9**	**78.1**	**68.0**	**53.1**	**31.3**

* Human immunodeficiency virus.
† Sexually transmitted disease.
§ Survey did not include schools from Chicago.
¶ Survey did not include schools from New Orleans.
** Survey did not include schools from Ft. Lauderdale and Miami.

TABLE 10. Percentage of schools in which the lead health education teacher wanted inservice training in specific health education topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
STATE SURVEYS									
Weighted Data									
Alabama	54.7	54.6	52.1	41.2	52.4	60.4	59.9	56.9	69.3
Arkansas	39.5	44.4	45.7	29.9	34.7	43.4	37.3	46.4	49.5
California	28.9	39.0	38.4	27.0	32.0	35.4	35.8	45.0	55.3
Delaware	41.2	48.0	48.0	35.3	56.3	62.5	55.1	59.5	63.2
Georgia	43.9	43.4	44.9	31.7	42.3	51.8	48.2	48.3	59.4
Hawaii	49.6	59.8	61.9	44.6	48.7	52.0	49.2	65.4	69.5
Idaho	47.7	43.9	48.0	39.0	44.7	57.8	48.9	53.5	55.8
Illinois§	39.0	45.9	36.4	29.1	41.2	42.5	44.0	44.8	55.3
Iowa	42.7	40.3	38.2	25.9	37.4	41.6	42.5	43.1	53.7
Louisiana¶	48.9	47.3	45.5	38.8	44.1	60.3	52.0	52.3	61.0
Maine	38.9	41.4	38.3	22.0	38.0	41.6	39.0	47.9	65.5
Massachusetts	38.3	46.0	43.0	32.5	42.3	41.6	44.5	48.9	65.9
Michigan	43.7	47.2	43.3	31.7	34.6	33.0	35.1	45.4	60.7
Minnesota	37.6	40.6	38.1	28.6	37.5	39.0	40.4	42.9	56.0
Missouri	43.9	43.9	38.9	30.5	39.2	49.9	48.7	43.0	57.6
Montana	42.1	42.4	41.6	31.0	41.6	44.1	45.2	49.0	57.6
Nebraska	44.2	43.0	37.8	28.6	38.4	48.1	46.4	49.8	52.1
New Hampshire	42.8	42.9	41.5	31.8	50.0	46.6	44.3	42.0	62.5
New York	40.0	46.8	41.5	32.8	41.0	38.2	44.2	50.7	57.9
North Dakota	39.2	43.2	37.7	27.4	39.3	39.6	39.1	45.1	49.8
Ohio	40.7	42.0	36.4	26.9	43.0	42.7	42.8	47.0	57.3
Pennsylvania	46.1	49.3	44.9	41.3	46.2	52.9	53.0	52.7	55.5
West Virginia	40.8	41.6	46.2	34.3	49.6	48.8	51.0	45.4	62.4
Wisconsin	40.4	37.8	38.0	29.1	35.8	39.9	38.8	49.4	50.7
Unweighted Data									
Alaska	51.1	50.6	46.7	45.1	50.0	46.3	47.5	57.2	63.1
Florida**	40.9	43.7	40.9	32.8	43.4	36.8	43.6	48.0	61.5
New Jersey	44.5	48.9	50.7	37.5	44.7	47.6	46.9	52.7	63.1

TABLE 10. (*Continued*) Percentage of schools in which the lead health education teacher wanted inservice training in specific health education topics, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Tobacco-use prevention	Alcohol and other drug-use prevention	Dietary behaviors and nutrition	Physical activity and fitness	Pregnancy prevention	HIV* prevention	Other STD† prevention	Violence prevention	Suicide prevention
Unweighted Data									
New Mexico	50.9	56.5	50.9	38.6	51.5	47.9	51.2	49.7	66.7
Oregon	34.7	35.1	34.4	22.1	31.1	37.2	34.8	48.6	54.8
South Carolina	46.7	52.7	47.2	35.0	47.7	46.9	48.2	45.9	65.0
South Dakota	31.9	33.0	43.2	33.0	29.5	34.4	35.2	40.0	47.3
Tennessee	49.0	45.6	45.9	40.0	42.8	45.2	48.4	53.0	62.1
Utah	41.2	45.1	52.8	35.8	38.9	35.1	36.6	55.9	64.4
Virginia	34.4	39.8	39.1	33.5	36.4	40.8	37.6	46.2	55.4
Wyoming	52.9	48.3	51.2	38.2	48.9	44.3	52.8	55.7	63.6
State Median	**42.1**	**43.9**	**43.2**	**32.8**	**42.3**	**44.1**	**44.5**	**48.6**	**59.4**
LOCAL SURVEYS									
Weighted Data									
Dallas	51.0	45.0	44.1	40.8	41.1	49.2	48.2	50.1	57.9
Ft. Lauderdale	38.2	46.4	44.8	32.8	42.6	37.7	36.2	56.7	60.0
Houston	29.7	39.0	49.4	34.8	45.1	39.9	31.1	47.4	64.8
Los Angeles	30.0	51.6	36.7	29.1	39.6	30.3	32.8	48.0	55.8
Miami	51.9	61.5	56.8	45.7	44.1	43.5	47.6	50.6	67.5
New Orleans	51.5	48.5	68.8	59.4	54.5	42.4	54.5	59.4	75.0
Philadelphia	41.5	40.4	48.4	29.4	42.7	41.3	43.7	49.8	66.4
San Diego	23.3	39.5	25.0	23.3	18.6	22.7	22.7	41.9	46.5
Unweighted Data									
Chicago	52.8	47.8	57.7	38.4	50.6	55.2	52.1	57.2	69.8
San Francisco	46.4	34.6	64.0	48.1	44.4	30.8	34.6	69.2	85.2
Local Median	**43.9**	**45.7**	**48.9**	**36.6**	**43.4**	**40.6**	**40.0**	**50.3**	**65.6**

* Human immunodeficiency virus.
† Sexually transmitted disease.
§ Survey did not include schools from Chicago.
¶ Survey did not include schools from New Orleans.
** Survey did not include schools from Ft. Lauderdale and Miami.

TABLE 11. Percentage of schools that received parental feedback on health education and, among those schools, percentage that received a specific type of feedback, selected U.S. sites — School Health Education Profiles, principals' surveys, 1998

Site	Received parental feedback	Type of parental feedback received		
		Mainly positive	Mainly negative	Equally positive and negative
STATE SURVEYS				
Weighted Data*				
Alabama	39.8	89.0	3.1	7.9
Alaska	44.1	83.4	2.1	14.5
Arkansas	44.4	92.0	0.0	8.0
California	58.1	91.8	0.5	7.8
Delaware	53.6	79.2	3.5	17.3
Georgia	61.9	89.6	0.0	10.4
Idaho	56.2	93.1	0.8	6.1
Illinois†	51.8	87.3	1.7	11.0
Iowa	54.9	85.7	2.6	11.7
Louisiana§	34.4	78.1	2.1	19.7
Maine	59.4	88.0	1.9	10.0
Massachusetts	70.2	91.3	1.5	7.2
Michigan	57.6	90.2	2.3	7.6
Minnesota	58.8	85.5	2.4	12.1
Missouri	53.8	85.9	1.2	12.9
Montana	50.9	79.6	1.4	19.1
Nebraska	45.7	87.8	1.9	10.3
New Hampshire	52.6	85.3	1.0	13.7
New Mexico	59.0	87.9	1.1	11.1
New York	61.0	91.2	0.7	8.1
North Dakota	53.6	81.7	4.5	13.7
Ohio	51.4	85.7	1.0	13.3
Pennsylvania	55.4	90.9	1.3	7.8
South Carolina	47.8	86.7	1.3	12.0
Utah	57.9	93.8	0.0	6.2
Virginia	58.3	82.2	0.8	17.1
West Virginia	59.8	85.9	0.8	13.2
Wisconsin	56.8	84.5	2.3	13.2
Wyoming	58.2	87.0	2.5	10.4

TABLE 11. (*Continued*) Percentage of schools that received parental feedback on health education and, among those schools, percentage that received a specific type of feedback, selected U.S. sites — School Health Education Profiles, principals' surveys, 1998

Site	Received parental feedback	Type of parental feedback received		
		Mainly positive	Mainly negative	Equally positive and negative
Unweighted Data*				
Florida¶	57.3	89.5	1.5	9.0
Hawaii	43.9	76.0	0.0	24.0
New Jersey	56.9	92.5	0.6	6.8
North Carolina	56.7	78.9	0.8	20.3
Oregon	55.0	85.0	1.6	13.5
South Dakota	36.5	78.9	2.6	18.4
Tennessee	52.1	88.1	0.0	11.9
State Median	**55.2**	**86.9**	**1.3**	**11.8**
LOCAL SURVEYS				
Weighted Data*				
Dallas	51.7	96.4	0.0	3.6
Ft. Lauderdale	54.3	92.1	0.0	7.9
Los Angeles	55.9	92.8	1.7	5.4
Miami	47.7	90.5	0.0	9.5
New Orleans	59.4	89.5	0.0	10.5
Philadelphia	40.0	73.8	0.0	26.2
San Diego	84.0	95.2	0.0	4.8
San Francisco	77.9	89.3	0.0	10.7
Unweighted Data*				
Chicago	43.9	86.8	0.0	13.2
Houston	48.6	100.0	0.0	0.0
Local Median	**53.0**	**91.3**	**0.0**	**8.7**

* Percentages for each row might not add up to 100.0 because of rounding.
† Survey did not include schools from Chicago.
§ Survey did not include schools from New Orleans.
¶ Survey did not include schools from Ft. Lauderdale and Miami.

TABLE 12. Percentage of schools that involved parents in school health education regarding HIV* infection/AIDS,† selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Sent parents educational materials on HIV/AIDS	Sent parents newsletters on HIV/AIDS	Invited parents to attend a class on HIV/AIDS	Offered parents school programs on HIV/AIDS
STATE SURVEYS				
Weighted Data				
Alabama	17.0	9.1	15.5	7.8
Arkansas	8.6	7.5	14.2	6.0
California	17.2	19.0	26.7	16.6
Delaware	15.1	9.4	19.2	0.0
Georgia	18.0	20.9	25.1	10.9
Hawaii	23.1	16.4	13.4	8.3
Idaho	18.6	12.4	25.2	12.4
Illinois§	10.4	8.7	12.7	5.7
Iowa	10.0	14.0	12.5	4.2
Louisiana¶	8.4	6.2	11.6	4.1
Maine	9.1	12.6	18.1	8.5
Massachusetts	16.0	14.2	16.7	10.5
Michigan	15.7	23.1	32.3	11.8
Minnesota	5.1	6.8	13.2	5.5
Missouri	10.1	11.7	12.5	9.9
Montana	6.5	5.1	18.9	5.9
Nebraska	11.1	14.2	15.2	3.7
New Hampshire	4.7	7.1	12.0	6.8
New York	22.9	24.9	19.0	17.4
North Dakota	13.2	12.1	14.2	11.5
Ohio	11.6	7.2	11.1	5.4
Pennsylvania	10.3	16.6	19.7	8.1
West Virginia	18.3	20.3	26.8	5.5
Wisconsin	12.9	10.6	13.6	5.8
Unweighted Data				
Alaska	13.4	10.9	24.3	10.3
Florida**	17.6	20.0	25.4	5.9
New Jersey	13.9	11.4	19.6	11.8

TABLE 12. (*Continued*) Percentage of schools that involved parents in school health education regarding HIV* infection/AIDS,† selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	Sent parents educational materials on HIV/AIDS	Sent parents newsletters on HIV/AIDS	Invited parents to attend a class on HIV/AIDS	Offered parents school programs on HIV/AIDS
Unweighted Data				
New Mexico	10.7	11.2	25.9	10.1
Oregon	11.0	15.8	25.2	4.7
South Carolina	10.0	13.5	24.7	7.5
South Dakota	10.0	12.2	12.2	8.8
Tennessee	17.1	13.5	17.9	5.1
Utah	28.4	20.3	30.2	6.8
Virginia	13.3	7.6	19.4	8.2
Wyoming	16.7	30.0	30.0	11.1
State Median	**13.2**	**12.4**	**18.9**	**7.8**
LOCAL SURVEYS				
Weighted Data				
Dallas	23.6	20.2	21.7	10.0
Ft. Lauderdale	20.6	29.0	30.0	15.9
Houston	42.4	35.8	37.7	28.3
Los Angeles	30.7	28.4	34.6	14.7
Miami	32.9	32.9	28.2	16.5
New Orleans	48.5	30.3	51.5	30.3
Philadelphia	12.7	4.9	13.9	7.7
San Diego	61.4	47.7	40.5	14.3
Unweighted Data				
Chicago	24.5	17.6	21.4	17.7
San Francisco	28.6	28.6	39.3	21.4
Local Median	**29.6**	**28.8**	**32.3**	**16.2**

* Human immunodeficiency virus.
† Acquired immunodeficiency syndrome.
§ Survey did not include schools from Chicago.
¶ Survey did not include schools from New Orleans.
** Survey did not include schools from Ft. Lauderdale and Miami.

TABLE 13. Percentage of schools that taught specific topics related to HIV* infection/AIDS† education as part of a required health education course, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	How HIV is and is not transmitted	Reasons for choosing sexual abstinence	Condom efficiency	Correct use of condoms	Statistics on adolescent death and disability related to HIV/AIDS	Information on HIV testing and counseling
STATE SURVEYS						
Weighted Data						
Alabama	93.3	90.5	61.8	32.0	78.5	82.1
Arkansas	94.2	91.7	64.1	32.8	73.1	76.0
California	95.0	94.9	74.2	52.6	78.7	78.2
Delaware	100.0	98.0	79.9	60.7	68.6	82.3
Georgia	96.5	95.4	69.0	34.9	80.3	75.2
Hawaii	100.0	98.2	80.6	72.3	72.6	85.8
Idaho	93.0	87.0	55.9	22.1	74.2	67.2
Illinois§	95.7	93.7	71.5	39.9	69.1	73.0
Iowa	96.4	93.5	78.5	51.4	65.7	74.5
Louisiana¶	71.5	65.7	31.3	17.2	58.6	54.3
Maine	96.5	95.7	84.3	68.9	76.5	81.5
Massachusetts	98.1	95.5	75.4	52.2	77.2	79.8
Michigan	96.1	94.0	70.5	43.2	76.0	73.4
Minnesota	98.6	96.4	78.0	47.4	73.6	69.0
Missouri	94.3	92.2	66.1	30.3	70.8	68.2
Montana	89.1	83.4	55.7	26.2	67.8	67.5
Nebraska	92.4	83.1	57.3	25.0	69.9	62.8
New Hampshire	94.9	91.4	78.0	55.1	69.5	75.9
New York	99.1	97.6	83.9	61.4	84.7	90.8
North Dakota	93.6	89.0	47.7	23.1	67.0	69.8
Ohio	96.8	95.4	77.5	47.2	76.4	77.9
Pennsylvania	98.6	97.0	77.3	47.2	83.7	87.2
West Virginia	93.6	93.0	69.2	43.4	82.1	85.1
Wisconsin	98.5	98.1	81.0	56.6	74.0	79.2
Unweighted Data						
Alaska	80.7	78.0	54.4	36.1	57.0	58.6
Florida**	99.3	99.3	75.2	47.9	87.1	85.7
New Jersey	98.5	96.6	81.1	60.2	81.8	82.2

TABLE 13. (*Continued*) Percentage of schools that taught specific topics related to HIV* infection/AIDS† education as part of a required health education course, selected U.S. sites — School Health Education Profiles, teachers' surveys, 1998

Site	How HIV is and is not transmitted	Reasons for choosing sexual abstinence	Condom efficiency	Correct use of condoms	Statistics on adolescent death and disability related to HIV/AIDS	Information on HIV testing and counseling
Unweighted Data						
New Mexico	95.0	92.6	69.2	35.8	73.3	76.7
Oregon	96.3	92.6	67.1	44.2	68.2	67.2
South Carolina	94.3	95.7	65.9	49.5	75.0	72.5
South Dakota	95.5	90.9	52.3	23.1	65.2	66.7
Tennessee	95.9	93.9	66.0	30.4	77.2	76.0
Utah	93.6	91.5	43.5	12.9	74.5	69.7
Virginia	93.7	94.9	ND††	ND	68.0	71.8
Wyoming	98.7	96.1	76.3	41.9	67.1	69.7
State Median	**95.7**	**93.9**	**69.9**	**43.3**	**73.6**	**75.2**
LOCAL SURVEYS						
Weighted Data						
Dallas	97.0	93.9	64.3	49.7	76.3	81.9
Ft. Lauderdale	94.4	90.7	74.1¶	55.6	77.8	83.3
Houston	94.5	94.5	68.4	53.7	91.3	89.1
Los Angeles	98.8	97.7	88.5	71.6	79.9	89.7
Miami	100.0	100.0	98.0	92.0	94.0	96.0
New Orleans	100.0	100.0	90.3	77.4	90.3	93.3
Philadelphia	96.9	93.8	85.2	68.4	83.7	88.1
San Diego	NA§§	NA	NA	NA	NA	NA
Unweighted Data						
Chicago	93.9	86.6	57.7	49.5	64.9	69.4
San Francisco	100.0	100.0	83.3	83.3	87.5	95.8
Local Median	**97.0**	**94.5**	**83.3**	**68.4**	**83.7**	**89.1**

* Human immunodeficiency virus.
† Acquired immunodeficiency syndrome.
§ Survey did not include schools from Chicago.
¶ Survey did not include schools from New Orleans.
** Survey did not include schools from Ft. Lauderdale and Miami.
†† No data collected.
§§ Not available.

TABLE 14. Percentage of schools with a written school or school district policy on HIV-infected* students or school staff members and, among those schools, percentage that addressed specific topics, selected U.S. sites — School Health Education Profiles, principals' surveys, 1998

Site	Had a written policy	Topic addressed by a written policy						
		Confidentiality†	Protection from discrimination†	Worksite safety	Attendance of students§	Communication of policy to students, staff, and parents	Confidential counseling§	Staff training on HIV infection
STATE SURVEYS								
Weighted Data								
Alabama	67.1	92.2	89.1	91.1	90.1	76.8	65.0	73.3
Alaska	48.7	91.4	89.0	92.0	84.3	75.4	57.9	74.8
Arkansas	54.8	93.1	86.1	85.7	82.9	78.5	58.2	66.6
California	60.8	89.1	88.2	90.2	82.1	74.2	53.3	67.0
Delaware	72.7	97.5	95.0	89.7	85.1	75.1	56.6	62.2
Georgia	76.8	92.7	91.8	91.0	88.6	79.3	69.0	83.7
Idaho	67.2	90.5	89.5	88.2	93.6	74.0	53.3	48.6
Illinois¶	63.5	89.8	87.1	92.1	88.4	73.6	54.0	72.4
Iowa	68.4	90.2	88.3	92.4	86.9	73.5	40.6	73.0
Louisiana**	51.5	90.7	81.9	86.0	79.3	71.0	58.7	46.2
Maine	82.5	96.5	90.4	96.6	91.9	73.3	64.3	82.4
Massachusetts	72.5	97.4	89.9	93.7	87.6	77.4	65.9	65.0
Michigan	64.1	92.9	88.6	92.3	83.1	68.8	57.6	82.7
Minnesota	63.7	93.3	88.6	90.9	85.0	75.3	52.2	72.9
Missouri	72.2	95.8	93.4	89.1	90.1	78.1	50.4	59.4
Montana	65.9	95.8	92.7	89.2	90.6	76.8	57.7	71.7
Nebraska	69.8	92.1	91.5	93.0	89.5	83.2	54.5	71.7
New Hampshire	82.2	94.4	89.6	90.4	88.5	75.9	52.5	67.5
New Mexico	60.9	93.2	84.6	88.0	81.8	73.7	59.7	64.7
New York	76.4	96.0	92.2	95.7	82.9	79.9	64.8	79.9
North Dakota	59.3	95.8	87.2	89.4	80.3	80.5	63.0	73.8
Ohio	66.4	86.8	86.4	89.9	80.3	66.9	51.4	72.5
Pennsylvania	70.9	96.1	90.7	91.5	88.5	76.7	51.7	65.6
South Carolina	77.0	94.0	91.3	95.7	81.9	76.4	65.9	80.5
Utah	73.1	92.5	90.5	89.6	88.4	73.5	55.3	69.2
Virginia	71.9	92.7	86.6	92.7	89.5	73.8	48.6	79.4
West Virginia	64.3	90.3	88.9	89.0	85.7	72.8	53.9	79.7
Wisconsin	56.6	92.4	89.2	92.5	81.6	74.8	55.7	76.8
Wyoming	69.7	88.3	80.9	91.9	82.0	79.9	49.3	77.6

TABLE 14. (*Continued*) Percentage of schools with a written school or school district policy on HIV-infected* students or school staff members and, among those schools, percentage that addressed specific topics, selected U.S. sites — School Health Education Profiles, principals' surveys, 1998

Site	Had a written policy	Topic addressed by a written policy						
		Confidentiality†	Protection from discrimination†	Worksite safety	Attendance of students§	Communication of policy to students, staff, and parents	Confidential counseling¶	Staff training on HIV infection
Unweighted Data								
Florida††	84.3	95.1	92.0	97.3	84.9	74.3	63.1	79.7
Hawaii	82.5	100.0	100.0	100.0	89.1	84.8	65.2	78.3
New Jersey	75.7	95.5	93.5	95.0	86.4	79.8	58.0	79.0
North Carolina	73.4	92.8	89.4	94.1	79.7	80.4	59.2	74.3
Oregon	87.6	97.7	94.6	95.6	92.2	84.5	56.4	81.8
South Dakota	68.6	88.4	88.2	94.2	81.4	76.5	50.0	72.5
Tennessee	85.7	95.8	97.2	94.4	91.1	83.1	69.3	74.2
State Median	**69.7**	**93.0**	**89.5**	**91.9**	**86.1**	**76.2**	**57.1**	**73.2**
LOCAL SURVEYS								
Weighted Data								
Dallas	76.3	100.0	94.7	89.0	92.0	76.3	86.6	65.5
Ft. Lauderdale	92.9	100.0	100.0	100.0	87.5	88.9	69.4	90.5
Los Angeles	83.5	94.8	93.3	93.6	86.4	85.2	76.4	79.9
Miami	95.3	98.7	95.0	94.9	85.7	90.0	84.4	83.3
New Orleans	81.3	96.2	96.2	92.3	80.8	87.5	76.0	80.8
Philadelphia	78.4	97.4	94.9	86.8	81.8	76.7	69.7	54.4
San Diego	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0
San Francisco	85.3	86.1	89.3	96.5	78.5	79.3	67.7	82.1
Unweighted Data								
Chicago	85.7	97.2	95.2	92.4	91.8	85.8	66.7	70.0
Houston	78.4	93.1	89.3	92.9	78.6	81.5	82.1	69.0
Local Median	**84.4**	**97.3**	**94.9**	**93.2**	**86.0**	**85.5**	**72.8**	**80.3**

* Human immunodeficiency virus.
† For HIV-infected students and staff members.
§ For HIV-infected students.
¶ Survey did not include schools from Chicago.
** Survey did not include schools from New Orleans.
†† Survey did not include schools from Ft. Lauderdale and Miami.

State and Territorial Epidemiologists and Laboratory Directors

State and Territorial Epidemiologists and Laboratory Directors are acknowledged for their contributions to *CDC Surveillance Summaries*. The epidemiologists and the laboratory directors listed below were in the positions shown as of July 2000.

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